Page 1 of 17

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

RECEIVED

2017 OCT 31 AM 9: 1.9 Only

COVER PAGE N AND CITY CLERK

1. NAME OF COMMITTEE					DN1010L, b				
Carlson for Council									
2. TREASURER NAME									Suffix
First		МІ	1	Last					Sumx.
Tracy		<u> </u>		Carlson		Arra Ligh		72 TES (2 TV)	
3. TREASURER ADDRESS								Zip C	nde
Street Address			City	L 1			State	060	
187 Morningside Drive East			Brist	:OI					o vicensia revolve v de converso e de
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complex	te only i	f Candidate	Committee)			6. DIST	RICT NUMBER
(mm/dd/yyyy) 11/07/2017	City Councilor							(д ирракион	″1
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)							
First		MI		Last					Suffix
Eric		L		Carlson	l		· · · · · · · · · · · · · · · · · · ·	 	
8. TYPE OF REPORT (Check One Box)									
O January 10 filing	7th day prece	ding primar	ry	O7th	day preceding referendum		Initial Con (PACs ONLY)		r Disbursement
O April 10 filing	O30 days follow	wing prima	ry	O ⁴⁵	days following referendum	O.	Amendment to		
July 10 filing	7th day preceding election Deficit			, 1	Type of Re	port:			
October 10 filing	12th day prec			O Ter	mination				
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No	wing election	on						
9. PERIOD COVERED									
	Beginning Da	ate			Ending Date			-	
	7-1-2017			thru	9-30-2017				
10. CERTIFICATION									
I hereby certify and state, under positive Disclosure Statement for the positive Disclosure Dis	eriod covered is	statement, true, accu	urate a	racy	information set forth on aplete. A Car Son OF SIGNER	this Ite	mized Ca	10/31/	
<u> </u>									
	- 1. 1		and wi	:116.115. ss	iolated any provisions of	the can	maion fin	ance stati	utes
A person who is	s found to have ki	nowingiy a faces a cit	zna wi wil nei	naltv or	imprisonment or both.	ine can	ipuign jiii	unce onun	***************************************

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT Oct. 10th Filing			
Carlson for Council	COLUMN A This Period	COLUMN B Aggregate		
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		\$0.00		
12. Balance on hand at the beginning of Reporting Period	\$663.45			
13. Contributions Received from Individuals (Sections A and B)	\$1105.00	\$2220.00		
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00		
15. Other Monetary Receipts (Sections D through K)	\$0.00	\$0.00		
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00		
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed				
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	\$00.00	\$0.00		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$1105	\$2220		
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$1768.45	\$2220		
19. Expenses Paid by Committee (Section P)	\$118.50	\$570.05		
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$1649.95	\$1649.95		
21. In-Kind Donations not Considered Contributions Received (Section L4)				
22. In-Kind Donations not Considered Contributions — House Party (Section L5)				
23. In-Kind Contributions Received (Section M)				
24. Refundable Deposit to Telephone Company (Section N)				
25. Loan Balance				
25a. + Loans Received (Section D)				
25b. + Interest and Penalties on Loan				
25c Payments on Loan		and two controls War at the later and the later		
25d. Total Outstanding Loan Amount				
26. Campaign Expenses Paid by Candidate (Section Q)				
27. Expenses Incurred on Committee Credit Card (Section R)				
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)				
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)				

I. MONETARY RECEIPTS (Sections A—K)

	TYPE OF REPORT				
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	00+ 10	Eilina			
Carlson for council					
A Total Contributions from Small Contributors-Received this Period UNLY	\$ 1105.	60			
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A					
B. Itemized Contributions from Indivi	duals	MI			
First		WI			
AI ford Mary	Str	ate Zip Code			
Residential Street Address	1	27 06010			
Residential Street Address 15 Elm 5+, Apt 2 Name of Employer	L	2, 1000			
Principal Occupation	•				
SOOK nee per	re officer of a municipality,	Amount of Contribution			
is contributor a total state of the state of	with said municipality				
valued at more than \$5,000?	te contractor? Q Yes	\$50,60			
Is this contribution associated with an event reported in Section L1? Yes No Is contributor a principal of a state contractor of prospective sections of government the contract is with: OExecutive		·			
If yes, list Event # Of government me contract is with. Date Received	Aggregate Contributions				
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 7/7/17	50.00				
OCash OPersonal Check OCredit/Debit Card Or ayron Debut 1		MI			
Last Name Jeffrey					
Residential Street Address City	1	ate Zip Code CT 06010			
27 Colovat Hill Rd		C1 100010			
Name of Employer 'neipal Occupation	Biotechnolo	20 2 6 2			
Sales Happie	Sio (Ser (10 -C	Amount of Contribution			
Is contributor a lobbyist, spouse, O Yes If contribution is in excess of \$400 to a candidate for a chief execution of the contribution of the contribution is in excess of \$400 to a candidate for a chief execution of the contribution of the contribution is in excess of \$400 to a candidate for a chief execution of the contribution is in excess of \$400 to a candidate for a chief execution of the contribution is in excess of \$400 to a candidate for a chief execution of the contribution is in excess of \$400 to a candidate for a chief execution of the contribution is in excess of \$400 to a candidate for a chief execution of the contribution is in excess of \$400 to a candidate for a chief execution of the contribution is in excess of \$400 to a candidate for a chief execution of the contribution is in excess of \$400 to a candidate for a chief execution of the contribution of the contribution is in excess of \$400 to a candidate for a chief execution of the contribution of the contribution of the chief execution of the chief ex	t with said municipality	1 mious			
or dependent clind of a toboyatt		\$50.00			
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	\$ 50.00				
Method of Contribution: OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order 7/2/17	1120	MI			
Last Name F D O M C i	Ne	17			
Currie	1	State Zip Code			
Residential Street Address Bristo! Bristo!		CT 06010			
Name of Employer	c	Inc.			
Assistant Manager Corre					
Yes If contribution is in excess of \$400 to a canonical with house a contribution	rive officer of a municipality, and with said municipality	Amount of Continue			
of dependent clind of a ross) 21 yelved at more than \$5,000?		-			
The state contractor or prospective s	tate contractor? OYes	\$100.00			
Is his control in Section I.1? No If yes, indicate which branch of	7e OLegislative	1			
Date Received	Aggregate Contributions				
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 6 125/17	\$100,00				
SUBTOTAL Section B — Th	is Page	P 300.00			
	TOTAL of additional Section B Pages				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section (Enter total on Line 13, Column A of Summary Pa	is A + B)	\$1165.00			

I. MONETARY RECEIPTS (Sections A-K)

vised January 2015	TYPE OF REPORT		
AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	Oct 10 Filing		
Carlson for Council	eer te viiiis		
A Total Contributions from Small Contributors-Received this remodel Charles	\$		
(See instructions for definition of Small Contributor)			
B. Itemized Contributions from Indi	viduals MI		
st Name Jake			
CORIER-	State Zip Code		
esidential Street Address City Bristo	QT 06070		
19 Winston Court Name of Employer			
rincipal Occupation Carri	er Group, Inc.		
Developer Builder	tive officer of a municipality, Amount of Contribution		
s contributor a lobbyist, spouse,	6		
The autributor a principal of a state contractor or prospective	state contractor? OYes 3100.00		
is this contribution associated with the No If yes, indicate which branch of branch of Description of the No.	ive OLegislative		
If yes, list Event# 06 451114 Date Received	Aggregate Contributions		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 6-25-1	7 5 100 100 MI		
Prist			
ast Name Kenneth	State Zip Code		
Residential Street Address City 37:5401	CT 06010		
310 Allem of			
incipal Occupation City of	Bristol (CT)		
"I C which was	entire officer of a municipality, Amount of Contribution		
is continued a topolist proces.			
or dependent clind of a tobayant valued at more than \$5,000?			
Is this contribution associated with an No Is contributor a principal of a state contractor or prospective or prospective or the contribution associated with an No Is contributor a principal of a state contractor or prospective or the contribution associated with an No Is contributor a principal of a state contractor or prospective or the contribution associated with an No Is contributor a principal of a state contractor or prospective o	tive () Legislative		
event reported in Section L1? When the contract is with: Obs. 25178 One of government the contract is with: Date Received.	Aggregate Contributions		
	\$30.00		
Ocash OPersonal Check Octedit/Dent Card Octyo	MI		
Last Name Evely			
Residential Street Address C. J. S. S. D. D. City Residential Street Address	State Zip Code CT OGOIO		
1 3 Cold 25510d 100			
Principal Occupation Name of Employer			
ii C. Airfor	centive officer of a municipality, Amount of Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			
or dependent child of a lobby lost.			
Is this contribution associated with an Section 1.1? Is this contribution associated with an No	ONO		
event reported in Section L1? If yes, list Event # Date Received	Aggregate Contributions		
	\$25		
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SUBTOTAL Section B —	This Page 4150100		
TOTAL of additional Section	n B Pages		
TONG FROM INDIVIDUALS (See	tions A + B)		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sec (Enter total on Line 13, Column A of Summar	Page Totals)		

SERC FORM IN Reduct James 2015

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
Carlson Sor Council	Oct 10 Filing		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$		
B. Itemized Contributions from Indivi	duals MI		
Last Name D'Amato LORI	State Zip Code		
Residential Street Address 29 Patricia Dr. Non-Established	CT 06010		
Principal Occupation Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she is associated with have a contract valued at more than \$5,000? Yes ONO	with said municipality		
Is this contribution associated with an event reported in Section L!? Is this contribution associated with an event reported in Section L!? Is contributor a principal of a state contractor or prospective statement of the contract is with: OExecutive	OLegislative		
Method of Contribution: Ocah OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order Date Received Date Received	Aggregate Contributions \$\frac{1}{5} \ 60 \cdot 00 \rightarrow		
Last Name De Note First Rush	State Zip Code		
Residential Street Address 145 Morpingsical Dr West Bristol	CT 0600		
Stop T	Shop		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			
Is this contribution associated with an event reported in Section I.1? If yes, list Event # 0003517A Is contributor a principal of a state contractor or prospective state of government the contract is with: Date Received Date Recei	e O Legislative Aggregate Contributions		
Method of Contribution: Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order First	\$50.60		
Last Name Del Mastro City	State Zip Code		
Residential Street Address 9 Chimney Crest Lane Name of Employer	CT 06010		
Principal Occupation Retir	ed		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	nct with said municipality o		
If yes, list Event # 06 A511H of government the contract the Date Received	Aggregate Contributions J 50,00		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order SUBTOTAL Section B—Th	nis Page \$ 300,00		
TOTAL of additional Section I			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section (Enter total on Line 13, Column A of Summary Pa	is A + B)		

7 M. P. Hair Demonitory	TYPE OF REPORT
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	oct 10 Filing
Carlson for Council	V
A. Total Contributions from Small Contributors-Received this Period ONLY See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$
B. Itemized Contributions from Indiv	duals MI
First	
Forsburg Othice	State Zip Code
Residential Street Address	m ct 06013
H21 Milford 3+ Name of Employer	
Principal Occupation Refire	ed
estand to a candidate for a chief executi	ve officer of a municipality, Amount of Contribution
or dependent child of a lobbyist?	
values a principal of a state contractor or prospective sta	ate contractor? O Yes
event reported in Section L1? Solution of government the contract is with: Office of government the contract is with:	OLegislative \$25.60
If yes, list Event # Date Received	Aggregate Contributions
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 7 9 9 17	\$25,00 M
Past	1 T
France Danier	State Zip Code
Residential Street Address Bristo	CT 06070
1 1/2 1/2001 01	110
incipal Occupation	emodeling, LLC
	tive officer of a municipality, Amount of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No No Yes of \$400 to a candidate for a child child of a contributor or business he/she is associated with have a contributor or business he/she is a c	·
values in the state contractor or prospective	state contractor? Oyes \$150,00
ls this contribution associated which branch of branch o	ve () Legislative
If yes, list Event# OU NO 11	Aggregate Contributions \$ 150.00
Cash Chersonal Check Ocredit/Debit Card Opayroll Deduction Orange Orace	₩I
Last Name Lawa	\mathcal{D} .
France	State Zip Code
Residential Street Address Bristol	CT 06010
119 (2001 5/100	
Principal Occupation FIRS School Bird Driver	t Student Inc.
School Day Yes If contribution is in excess of \$400 to a candidate for a chief exec	stive officer of a minicipality, Amount of Contribution
or dependent cand of a rooty and at more than \$5,000?	
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If yes, list Byent if Constitution Date Received	\$ 25.00
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SUBTOTAL Section B — 1	
TOTAL of additional Section	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section (Enter total on Line 13, Column A of Summary I	ns A + B)

nanith Filma Repository)	TYPE OF REPORT
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	Oct 10 Filing
Carlson for Council	
A. Total Contributions from Small Contributors-Received	BTOTAL SECTION A \$
(See instructions for definition of Small Contributor)	
B. Itemized Cont	ributions from Individuals First Mi
Last Name	Lorraine B
Friedman	State Zap Code
Decidential Street Address	Bristol CT 06010
19 Chimney Creat Lance	Name of Employer
Principal Occupation Retired Teacher	N/A N/A Amount of Contribution
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to	a candidate for a chief executive officer of chief executive of the
	7.00
Is this contribution associated with an	ch or branches
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Gawin	State Zip Code
	Bristol CT 06070
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Yes If contribution is in excess of the	to a candidate for a chief executive officer of a municipality
or dependent child of a lobbyist? One does contributor or business ne/sne in does contributor o	O Yes O No
Yes Is contributor a principal of a	state contractor or prospective state contractor? No State contractor or prospective state contractor?
ls this controllion associated which brain event reported in Section L1?	ct is with: O Executive O Legislative
If yes, list Event#	Date Received
Method of Contribution: Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order CO (e-2) [1]
Last Name	
Guigigno	Cynthia L. City State Zip Code
Residential Street Address	Bristol CT 06070
15 Lawson St	Name of Employer
Principal Occupation Health Concience	Hetha. Amount of Contribution
Yes If contribution is in excess of \$400	to a candidate for a chief executive officer of municipality
or dependent child of a lobbyist? ONo does contributor or business nersing the does not be a supplication of the does not	O Yes O No
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Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order (e/25/17
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。 曹朝的	AL of additional Section B Pages
TOTAL OF ALL CONTRIBUTIONS FRO	OM INDIVIDUALS (Sections A + B) te 13. Column A of Summary Page Totals)
(Enter total on Lin	P.D. CHARLET O'THE T. A. S. S.

related Journally 2015	The second section of the second seco	TYPE OF REPORT	
IAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	9)		-11:00
acalama Soa Counce	2	00 00	+1 111/19,
A. Total Contributions from Small Contributors-Rec	eived this Period ONLY	\$	_
A. 101al Contributions 11 GM (See instructions for definition of Small Contributor)	SUBTOTAL SECTION A		
	Contributions from Indivi	duals	
B. 1 (cm//20	First		MI
ast Name	Andre	D	
esidential Street Address 23 Casuall Auc	City	S	State Zip Code
esidential Street Address	Bristol		CT 06010
	Name of Employer		
rincipal Occupation			
O Ver If contribution is in excess of	\$400 to a candidate for a chief executive	ve officer of a municipality,	Amount of Contribution
r dependent child of a lobbyist? No does contributor or business h	Oyes ONO		
Valuet at more y	of a state contractor or prospective sta	te contractor? O Yes	\$25,00
is this contribution associated with the No If yes, indicate which	h branch or branches	O Legislative	
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ast Name	Mary Jo	me	
Residential Street Address 81 Spark Ave rincipal Occupation	City		State Zîp Code CT 06016
Residential Street Address	Bristol		C1 00010
in Space 110	Name of Employer	^	
$\sim 31 - 33$	<u> </u>		Amount of Contribution
· · · · · · · · · · · · · · · · · · ·	f \$400 to a candidate for a chief execut he/she is associated with have a contra	ive officer of a municipality ct with said municipality	Amount of Contract
or dependent third of a loopy at	U 100 U		4
yes Is contributor a princip	al of a state contractor or prospective s	tate contractor? OYes	\$50.00
event reported in Section L1? O No If yes, indicate will of government the	ich branch or branches contract is with:	ve O Legislative	-
If yes, list Event #	Date Received	Aggregate Contributions \$ 50.00	
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Parker	Jerry		State Zip Code
Residential Street Address Hay Lake Ave Unit 6	city Bristol		CT 06010
424 Lake Ave Unit 4	Liv - FE-pleyer		
Principal Occupation	State	of ct	
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or dependent child of a lobby me.	7	to the contractor? (Nes	
Is this continuation account with	pal of a state contractor or prospective nich branch or branches	Owo	\$50.00
event reported in Section L1? If yes, list Event # 06 2517 A O No of government the	e contract is with.	Ve O Legislative Aggregate Contributions	-
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Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction (dr 3 - C - 1
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TOTAL OF ALL CONTRIBUTION	S FROM INDIVIDUALS (Section on Line 13, Column A of Summary P	us A + P) age Totals)	
(Enter total			

SERC FURNIZO Breked January 2015

I. MONETARY RECEIPTS (Sections A-K)

	on Dec	tored with Filing Repository)			TYPE OF REPORT	
IAME OF COMMITTEE (Provide Complete Name	as regis	Carrie of			Oct 10 '	Filing
A. Total Contributions from Sn	210	COUNCY	d thi	s Period ONLY	\$	9 -
A. Total Contributions from Sn (See instructions for definition of Small C	aall C ontribu	ontributors-Received	UBTO	TAL SECTION A	\$	
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	67.73			tions from Individ	uals	
		B. Itemized Cor	Firs			MI
ast Name				William	.	R.
Selnau			City			State Zip Code
esidential Street Address	\sim	Dn .		Bristol		CT 06010
Trincipal Occupation	A 1			Name of Employer	Manuta	afro and
rincipal Occupation Vice President	Den	ナ		Arrow	111WWWT	Amount of Contribution
s contributor a lobbyist, spouse,	If conf	ribution is in excess of \$400 ontributor or business he/she	to a can	didate for a chief executive iated with have a contract	with said municipality	Frindent of Control
or dependent child of a lobbyist?		Let more than \$5 (HII)?		(J. W. (J. 19)		+
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and the Control of th			, Onder	6/25/17	\$50,00	
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or dependent child of a lobbyist?	walne	d at more than \$5,000?		UIW GIN		
Is this contribution associated with an	Yes	Is contributor a principal of a If yes, indicate which bro	a state co	ontractor or prospective sta branches	te contractor? OYes	\$50.00
event reported in Section L1? If yes, list Event # 6635174	No	of government the contr	act is wi	th: DEACORTIC	O Legislative Aggregate Contributions	_
			Ol	Date Received	\$50,00	
Method of Contribution: OCash OPersonal Check OCredit/Debit C	Card (Payroll Deduction (Mone	y Order	irst		М
Last Name				Cheryl		L.
Thibeault			City			State Zip Code
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Residential Street Address 73 Jande Principal Occupation Controller				Name of Employer	aita Sala	tions, Inc.
Controlle	L			Commu		
Le contributor a lobbyist, spouse, O Yes	If co	ontribution is in excess of \$40 s contributor or business he/sl	0 to a ca			J, Amount of Contract
or dependent child of a lobbyist?	valu	ed at more than \$5,000?		O Las G ALL		
	Yes	Is contributor a principal of If yes, indicate which b	a state o	contractor or prospective st r branches	ate contractor? OYe	\$ 25.00
event reported in Section L1? If yes, list Event # O(a 2517 A) No	of government the cont	ract is w	un: O Executiv	C Legislative Aggregate Contributions	-
		. 0-	O	Date Received	\$25,00	
OCash OPersonal Check OCredit/Debit	Card (10000	aioc oo
SUBTOTAL Section B—This Page \$125.00						
		TOT	AL of	additional Section B	Pages	
			OM IN	DIVIDUALS (Section	s A + B)	
TOTALO	ALL	CUN I KIBU HUNS PR (Enter total on Li	ne 13, C	olumn A of Summary Pag	e Totals)	
		de la filosofia de la filosofia La filosofia de la filosofia d				

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section O removed.

() () () () () () () () () ()	IV. EXPENDITU	RES (Sections P-	TYPE OF REPORT	
January 2015	(Provide Complete Name as Registered with Filing Repository)		1 1 C + 10	Filing
ME OF COMMITTEE			1 00 1	0
	P. Expenses Pa	id by Committee	Date of Payment	Method of Payment:
ne of Payee			7/11/17	Ocheck #_ 90 ODebit Card OEFT State Zip Code
eet Address	CRIC Carlson Norwingside Drive East	Bristol 1E	vent#	CT 06010
pose of Expenditure code)	FUND TOUSER EXPENSES - pe of Expenditure (Itemization in Addendum P Required unless	+ stamps	062517A ecked)	\$68,50
applicable)	None of the below Coordinated with reimbursement sought (joint expenditue) Coordinated without reimbursement sought (in-kind contribution)	O Independer	nt on OAOBOCOD Date of Payment	Method of Payment: Check # 9 1
ame of Payee	D'Amato for Council	ity	9/26/17	O Debit Card OEFT State Zip Code
rect Address	Rossi Drive	RL12401	Svent#	CT 060/0
urpose of Expenditure	Description FRENCH BUSINESS MET Type of Expenditure (Itemization in Addendum P Required unle	5 Ad	recked)	\$ 50.00
if applicable)	None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contrib	O Independe	on A OB OC OI Date of Payment	O Check #
Name of Payee		City		O Debit Card OEFT State Zip Code
Street Address			Event#	Amount
Purpose of Expenditure (by code)	Description Type of Expenditure (Itemization in Addendum P Required u	nless "None of the below" is	checked)	_
Expenditure # (if applicable)	O None of the below Coordinated with reimbursement sought (joint expenditude) Coordinated without reimbursement sought (in-kind con	ure) O Indeper	adent ation A O B O C O Date of Payment	METHOTOTOTO
Name of Payee		City		O Check #
Street Address		0.1,	Event#	Amount
Purpose of Expenditure (by code)	Description	GRY FAL - Lafonsii i	s checked)	_
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required a None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind co	ntribution) Organi	radent zation A B OC (
		SUBTOTAL Section P		\$118.50
	777		MMITTEE	\$118,50